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CEYLON.

CORRESPONDENCE

RELATING TO THE

CONSUMPTION OF OPIUM
IN CEYLON.

Presented to both Houses of Parliament by Command of His Majesty.

May, 1908.



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CONTENTS.

Serial No.	From or to whom.	Date.	Subject.	Page.
		1907.		
1	To the Governor	25 April	Transmits copy of a question in the House of Commons asking whether His Majesty's Government will take steps to suppress the opium traffic; observes that the Secretary of State does not see how the introduction of ever increasing quantities of opium is to be defended, and asks for further enquiry and report.	3
		1908.		
2	The Governor	30 January (Rec. 17 Feb.)	Forwards the report of the Committee appointed to enquire into and report on the sale of opium.	
3	Ditto	14 April (Rec. 2 May.)	Submits proposals on the recommendations of the Committee.	29
4	To the Governor	13 May	Expresses entire concurrence in his views and gratification that the Government has spontaneously recognized the necessity of taking measures to restrict the use of opium within the narrowest possible limits; observes that the Secretary of State is fully alive to the difficulties which may arise, but has confidence that they may be surmounted.	31



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CEYLON.

CORRESPONDENCE

RELATING TO THE

CONSUMPTION OF OPIUM IN CEYLON.

No. 1.

THE SECRETARY OF STATE to THE GOVERNOR.

SIR,

Downing Street, April 25, 1907.

WITH reference to previous correspondence on the subject of the consumption of opium in Ceylon, I have the honour to transmit to you, for your information, copies of a question asked in the House of Commons on the 15th instant by Dr. Rutherford, M.P.; and of the reply which was returned to him.

2. I am well aware that this subject has not been overlooked by your predecessors or yourself. In 1893, at the instance of Lord Ripon, the then Governor (Sir Arthur Havelock) instituted a searching inquiry into the question of the importation, sale, and consumption of opium and bhang in Ceylon, coming to the conclusion that it was undesirable, except by supervision, to interfere with the use of opium in the Colony. Correspondence continued into 1896 and 1897. In 1897 an Ordinance was passed "To increase the Duty on the Import of Opium and to prohibit the Importation of Bhang and Ganja."

In 1898 a Select Committee of the Legislative Council inquired into and reported upon the importation, sale, and consumption of opium in Ceylon. In 1899 an Ordinance was passed "To consolidate and amend the Law relating to the possession and sale of Opium."

In 1902 the question was raised again. In 1903 Sir West Ridgeway reported on it once more; the correspondence continued until 1905, and in 1905 another Opium Ordinance was passed. Finally, in the middle of last year I called your attention to the subject, and have received an expression of your views.

3. In spite of all the correspondence that has passed I do not see how the introduction of apparently ever-increasing quantities of opium into Ceylon is to be defended, and I regret that I must ask for further inquiry and report. I would suggest that another Committee should be appointed to take evidence and make recommendations; or I am prepared to consider any other course which you may be able to recommend as likely to minimize and eventually prevent, except for medicinal purposes, the consumption of opium in Ceylon.

I have, &c.,
ELGIN.

Enclosure in No. 1.

Question.

Dr. RUTHERFORD.—To ask the Under Secretary of State for the Colonies whether Sinhalese people grew the poppy in Ceylon nor used opium under their

native kings, nor during the Portuguese or Dutch rule, or until the middle of last century, when the British Government established licensed shops for the sale of opium in towns and villages; and whether, seeing that the importation of opium has increased from 1,000 lb. in 1850 to 20,000 lb. in 1905, and that the Buddhist High Priest Sumangala and the Sinhalese representative on the Legislative Council, Mr. Obeyesekere, have appealed to the Government to close the licensed shops, His Majesty's Government will take steps to suppress the opium traffic in Ceylon.

Reply.

Mr. CHURCHILL,—I cannot undertake at this moment to dispute nor to confirm the facts which the Honourable Member has assembled; but the increase of imports of opium into Ceylon under British rule has already formed the subject of official inquiry and correspondence, and is engaging the serious attention of the Secretary of State.

No. 2.

THE GOVERNOR to THE SECRETARY OF STATE.

(Received 17 February, 1908.)

MY LORD, The Queen's House, Colombo, Ceylon, 30th January, 1908.

WITH reference to previous correspondence on the subject, I have the honour to forward herewith, for your Lordship's information, six copies of the Report of the Commission appointed to enquire into and report on the sale of Opium in Ceylon.

2. I reserve my comments for another despatch which I hope to address to you on the subject at a later date, after I have consulted my Executive Council.

I have, &c.,

HENRY McCALLUM,
Governor, &c.

Enclosure in No. 2.

REPORT OF A COMMITTEE appointed to inquire into and report upon the importation, sale, and consumption of opium in Ceylon, and to state what changes are desirable in the present Ordinances and Regulations affecting the importation and sale of the Drug.

No. 1.

[See No. 1, page 3.]

No. 2.

The Hon. the COLONIAL SECRETARY to the PRINCIPAL CIVIL MEDICAL OFFICER, the Hon. Mr. S. C. OBEYSEKERE, the Hon. Mr. F. C. LOOS, the Hon. Mr. J. FERGUSON, C.M.G., and Mr. R. MORISON, J.P., Neboda.

GENTLEMEN, Colonial Secretary's Office, Colombo, June 12, 1907.

I AM directed to inform you that His Excellency the Governor has been pleased to appoint you a Committee to inquire into and report upon the importation, sale, and consumption of opium in Ceylon, and to state what changes in your opinion are desirable in the present Ordinances and regulations affecting the importation and sale of the drug.

2. I am to request that you will be good enough to complete your investigations and submit your report on the subject within three months.

3. Sir Allan Perry, Principal Civil Medical Officer, will be Chairman of the Committee, and will make the necessary arrangements for meetings, &c., in direct communication with the other members.

I am, &c.,
F. J. SMITH,
for Colonial Secretary.

No. 3.

The Hon. the COLONIAL SECRETARY to the CHAIRMAN OF THE OPIUM COMMITTEE.

SIR, Colonial Secretary's Office, Colombo, September 6, 1907.
I AM directed to inform you that His Excellency the Governor has been pleased to appoint Sir Stanley Bois to act on the Opium Committee in place of the late Mr. R. Morison.

I am, &c.,
F. J. SMITH,
for Colonial Secretary.

No. 4.

The CHAIRMAN OF THE OPIUM COMMITTEE to the Hon. the COLONIAL SECRETARY.

SIR, Colombo, December 7, 1907.
I HAVE the honour to submit the Report (with seven Appendices) of the Committee on Opium.

I am, &c.,
A. PERRY, M.D.,
Chairman, Opium Committee.

Enclosure in No. 4.

REPORT OF THE COMMITTEE ON OPIUM.

PART 1.—*Historical.*

Former Customs Duties.—We find that on assuming the Government of Ceylon the British authorities either continued or imposed a Customs duty of 20 rixdollars per pound on all opium imported. This was equivalent, nominally, to 22½ rupees per pound, but in reality to much more, considering the higher value of money a hundred years ago. The duty was some years later reduced to 5 rixdollars, and by 1840 to one shilling per pound, but the total value of opium imported that year is given at only £1,561, and from the year 1843 to 1849 it seems to have fluctuated between a value of £1,051 and £2,657. From July 1, 1885, the import duty was made one rupee per pound, and from November, 1897, it was raised to two rupees, whilst from July 1 of the current year it was further increased to four rupees.

2. *Establishment of Opium Shops.*—In the year 1850 we learn for the first time of the existence of an "opium shop" in the Island, viz., at Chilaw. It is impossible to say by whose authority this shop was opened, but the total quantity of opium imported into the Island that year was only 850 pounds. About 1860 a second shop was opened; this time at Hambantota. Besides these, one shop is entered for Negombo in the official return with "date of opening not known" (see Sessional Paper XXVIII. of 1901). Not until 1867 was there, so far as we can learn, any legislation permitting the opening of licensed opium shops. This was done by Ordinance No. 19 of 1867, and the licences then issued were apparently the first allowed for opium shops in the history of Ceylon. From this time onward shops began to be opened freely for the sale of the drug, four being established in Colombo and four in Kandy in the year 1868. During the next decade, or between 1872 and 1879, a shop was opened in each of six provincial towns and in five villages. In 1890 we find there were 31 opium shops, in 1897 56, and the latest return gives the number as 65.

3. *Public Meeting in Protest.*—In December, 1893, at a large public meeting held in Colombo, attended by representatives of all races and classes, a memorial to

the Legislative Council was adopted, praying for restrictions on the sale of opium, and stating, *inter alia*, "there was nothing in the case of Ceylon or its people to prevent the application of the same regulations for the sale of the drug as have been granted in the United Kingdom." This was signed by 13,957 Sinhalese, 11,878 Tamils, 1,265 Eurasians, 265 Europeans, and 465 other residents, the signatures being confined to persons who could write. With reference to the suggestion that the Ceylon regulations should conform to those in the United Kingdom, it may be mentioned that the Ceylon Poisons Ordinance *includes* opium, and no one should, therefore, sell opium, or any preparation thereof, except under the special conditions therein laid down. Owing, however, to the introduction of special legislation, and in connection with the issue of licences to opium shops, this drug has apparently been tacitly, though not specifically, exempted from the operation of the Poisons Ordinance.

4. *Subsequent Action*.—No change was, however, made by Government as a result of the above memorial from 1894 to 1896, but on November 15, 1897, Sir West Ridgeway's Government doubled the import duty, raising it to two rupees per pound, while the importation of bhang or ganja was prohibited.

5. *Further Inquiry*.—Early in 1898 Mr. Chamberlain sanctioned an inquiry, and a Select Committee, appointed by the Governor, duly sat and reported on August 11. In this report it is stated that the opium habit seemed to have spread among the people in a remarkable degree, seeing the consumption of the drug had increased from 12,713 lb. in 1894 to 18,285 lb. in 1897,* and the Committee recommended the imposition of certain restrictions as to sale and consumption. One member of the Committee, Sir W. W. Mitchell, desired to go much further, proposing that a register be drawn up of all habitual users of opium to enable them to get their supply under medical authority, which should also regulate the distribution of the drug throughout the Island. The Committee unanimously recommended further "that no addition should be made to the number of licences already existing in any locality without the express sanction and approval of Government, and in granting and renewing licences, whether within or without Municipal or Local Board limits, the number should be strictly limited so as merely to meet an existing demand, and not to create a new demand, this limitation being brought about by the licensing authorities refusing to sell or renew licences unless a sufficient sum is bid for them." Notwithstanding the above recommendations, the licensed shops, which numbered 56 in August, 1898, had increased to 62 by the end of 1900 and to 65 at the end of last year. An opium shop was opened in the North-Central Province for the first time in 1902 and one in the Northern Province in 1906.†

PART II.—*Practical Considerations.*

6. *Risks of Smuggling*.—One of the first considerations in regard to the traffic in the drug is the possibility of its being smuggled through the Customs on a more or less extensive scale. This is exceedingly probable, as the duty is heavy. It is difficult for this Committee to form an opinion as to whether any considerable loss to the revenue has occurred from this cause. It is, for instance, most difficult to understand how with an import of 12,449 lb. and 11 licensed opium shops in 1870, twenty years later (in 1890) the importation was only 12,807 lb., although the shops (31) had nearly trebled, unless the explanation is found in smuggling. If there is reason to suspect that smuggling took place when the duty was Re. 1 or when increased to Rs. 2, much more is it likely to be attempted with the duty raised to Rs. 4. The suspicion of smuggling is further strengthened by the fact that larger sums have been offered this year for the monopoly of selling opium, notwithstanding the increased duty. We learn on inquiry that no special precautions are taken at the Ceylon Customs in reference to the possible smuggling of the drug; at Australian, Japanese, and American ports the greatest care is taken to check and discover any opium smuggling, special officers being employed to examine all who are likely to have opium about their persons or in their luggage. We, therefore, strongly recommend that special precautions be taken to prevent smuggling in Ceylon.

* For figures of imports from 1893 to 1906 see page 3 of Sessional Paper XI. of 1907.

† It has since been ascertained that this shop was first opened in 1885.

7. *Opium Shop Regulations.*—Elaborate regulations are provided under the Opium Ordinance to secure special supervision of all opium shops by the proper authority, involving the periodical verification of stocks, sales, and balances of the drug, but we are doubtful whether these regulations have been adequately attended to. It is also questionable whether any active check has been exercised on the opium shopkeepers to prevent adulteration or the mixing of foreign substances with the drug as sold to customers.

8. *Licensing of Opium Shops.*—We cannot find any evidence of a request ever having been made by any Sinhalese or Tamil villagers to have an opium shop opened in their midst, or that their wishes were ever consulted before a licence was issued. An Unofficial Member of the Legislative Council moved, early in the present year, that no fresh licence should be issued without the previous sanction of the Legislature; but this was not conceded by Government. The call for fresh licences would seem to come from the opium renters or licensees, whose natural object being increased profit must lead them to attract and capture as many new customers as possible from the men and women of the villages, and so tend to spread the opium habit among persons who never touched the drug before in their lives. Sir Charles Aitchinson said in Burma: "Licensed shops not only supply an existing demand, but artificially create a taste for the drug."

9. *Revenue.*—The manner in which the revenue from opium licences has risen is suggestive of large profits, and these must be mainly due to an increasing number of customers. An official return shows that whereas in 1893 the Government received for licences (in the villages) the sum of Rs. 4,100, by 1906 this had increased to Rs. 69,119; while Municipalities and Local Boards (for cities and towns) received Rs. 37,360 in 1893, and no less than Rs. 122,187 last year. In addition, the General Revenue last year received in Customs Duty Rs. 37,770, being Rs. 2 per pound on 18,885 lb. imported.

10. *Consumption of Crude Opium in Ceylon during 1906.*—Out of the total of 18,885 lb. of crude opium imported last year, only 411½ lb. were used in the Government hospitals and by the large firms of chemists and druggists in Colombo. We furthermore have returns indicating that no fewer than 19,847 persons in the Island are known to be addicted to the opium habit, of whom only 697 (a number, we should say, much under the mark) are returned for the town of Colombo (see Appendix). We are, therefore, of opinion that if the present system of distribution through licensed opium shops is continued, there is the gravest risk of the opium habit becoming general amongst the native population of the Island.

11. *Condemnation by Buddhism.*—The religion of the vast majority of the Sinhalese (Buddhism) condemns the use of the drug, and the Buddhist High Priest has expressed his wish to see every licensed opium shop closed.

12. *Opium Returns and the Hospitals.*—The Government has hitherto attached importance to the fact that no opium victims or patients have been included in the Hospital Returns of the Island; but it must be remembered that habitual users of opium do not suffer from active disease and dread having their opium stopped, as would be the case in hospitals. The tendency amongst the Sinhalese, therefore, is to conceal rather than disclose an infirmity of which they are heartily ashamed as being opposed to their religion.

13. *Opium among Japanese and Chinese.*—The Japanese, through watching the evil effects of the opium habit among the Chinese, have enacted an Opium Law which forbids the importation, the possession, and the use of the drug except as a medicine, and this law is kept to the letter, although 80,000 Chinese are included in the 47 millions of population in Japan. In Ceylon there are practically no Chinese (only 26 males and 13 females by the last Census) to complicate the question of reform.

14. *Preparations of Opium.*—We have not overlooked the fact that if it be made very difficult for the consumer to secure a supply of the crude drug, there exists the possibility of his turning to various *preparations* of opium, such as laudanum and morphine, obtainable from any holder of a licence to sell poisons. But we consider that this objection would be fully met *if* the provisions of the Poisons Ordinance are strictly enforced, and if opium and its preparations be transferred from the list under Regulation Section 9, Part II., to the list under Part I., of the Ordinance (No. 11 of 1901), thus making it obligatory that the purchaser is known to, or is introduced by, some person known to the seller, and that an entry is made of every sale and the purpose for which the drug is required.

15. *Duty on Preparations.*—In the Opium Ordinance (No. 5 of 1899) the word “opium” is defined to “include any preparation in which opium forms a component part.” This appears to have been totally lost sight of, for we cannot, for instance, ascertain that any special import duty has ever been levied on *preparations* of the drug, but only on the crude article. We do not consider that this practice need be departed from, so long as neither the Customs returns nor the sales registered by licensed vendors of poisons indicate any abnormal increase. It is evident, however, that this possibility should always have the most careful attention of those responsible for the enforcement of the Poisons and Opium Ordinances.

PART III.—*Recommendations.*

16. We recommend for the favourable consideration of Government—

- (a) That the present system of renting and licensing be abandoned.
- (b) That all opium shops be closed on the expiration of existing licences.
- (c) That the importation, distribution, and sale of the crude drug be made a Government monopoly.
- (d) That for every opium shop closed the nearest Government dispensary be made available for the distribution of the drug to all habitual adult users of the same who may come forward to register their names for a certain quantity to be periodically given out and paid for in cash, and that suitable remuneration be given to the dispensers for the extra work and responsibility thus cast upon them.
- (e) That the use of the drug, except for medical purposes, should be entirely prohibited after a definite period.
- (f) That a system of careful inspection be introduced by the appointment of special officers under the direction of the Principal Civil Medical Officer.

17. We beg to express our regret that the rendering of this report has been delayed so far beyond the date named in the original reference. This has been due to the long delay unavoidably experienced in obtaining the returns necessary, some of which only reached us during the second week in November. A selection from these will be found in the Appendix together with other information upon which our report is based. We have also to record with deep regret the death of Mr. R. Morison, J.P., who was originally appointed a member of this Committee.

ALLAN PERRY, M.D.,
Chairman.

S. C. OBEYESEKERE,
J. FERGUSON,
F. C. LOOS,
STANLEY BOIS,
Members.

Colombo,
December 5, 1907.

APPENDIX.

I.—REPORT BY MR. F. R. ELLIS, C.M.G.

In accordance with a request made to me before leaving the Island, I forward herewith a memorandum on opium.

Some time before I went on leave in 1905 I suggested that it would be advisable to obtain more reliable figures than those then available with reference to the consumption and sale of opium. I pointed out that as the whole supply of the Island is imported, and, it is to be hoped, passes through the Custom-house, there was a basis from which reliable returns might be prepared. Opium dealers, both wholesale and retail, are, if I remember right, compelled to keep such books and returns as may be prescribed by His Excellency in Council. The necessary forms were with considerable trouble and difficulty drawn up, and, I believe, printed; a day was appointed on which an accurate account was to be taken of all the stocks of opium in the Island, and some attempt was made to obtain this, but I am not aware that any real attempt has been made to carry out the system.

It was decided that the returns connected with the opium business should be kept and made up in the Audit Office; but as no papers have been laid before me, I conclude that practically nothing has been done. As far as I am aware no serious difficulty arose in connection with the scheme, and I would again urge the advisability of carrying it out; it would, I believe, be very advantageous both from an administrative and revenue point of view. At present Government is really in total ignorance of everything connected with the business; it does not know whether the price paid for the right to retail is an adequate one, whether any considerable quantity of opium is smuggled, or at what price it is imported and retailed. There is, as far as I can see, [no reason] why fairly accurate information should not be obtained on all these points, and why the whole business should not be perfectly controlled. It is more than possible that at present the public may be being defrauded by adulteration and short weight as well as the Government. It is certain that the trade is entirely in the hands of two or three small cliques, and as the price paid for the weight to retail is fixed by competition, it is obvious that Government is not in a position to secure a fair price.

The present system of dealing with opium has all the disadvantages of the arrack renting system; but is without the excuses that can be offered for the latter. It is continued mainly because arrack and toddy are locally produced, and the former at all events could not be obtained elsewhere. No such reason exists in the case of opium; it cannot be manufactured, but must be imported. Under these circumstances it does not seem to me that there is any valid excuse either for the continuance of the system, or for the ignorance which prevails on the material points connected with the trade. The plan originally proposed, and, I believe, partially carried out, was a simple one. It was decided to send round competent and reliable persons on a given date to take an exact account of all the opium in the Island. This is not a difficult task, as the whole is in the hands of two or three wholesale and some twenty or thirty retail dealers. An attempt was made to do this, but I am inclined to believe that it was not well done, and that consequently reliable and accurate information was not obtained. An unforeseen difficulty arose, and was dealt with in a variety of ways, which deprived the returns of their value. This was the important question of tare.

Opium is imported in balls which are approximately of the same weight, the drug itself is semi-liquid, somewhat of the consistency of treacle. The cover is made of a shell of leaves stuck together quite hard and resembling the rind of a cheese. The balls are weighed on importation or an average is taken, and an allowance is made for what is supposed to be the weight of the shell. I cannot at this minute give figures. I communicated with the Collector, and, as far as I could discover, the actual weight of the shell had not been ascertained for years, the amount allowed as tare was a matter of tradition, and it could not be ascertained that it had ever been verified. It is obvious that, if during recent years the thickness of the skin or shell of opium balls has been diminished, Government must have been defrauded of an amount which may be very appreciable. I pointed out to the Collector how desirable it was, considering the high rate of duty on opium, that more accurate information should be obtained. This could easily be done by sending down a reliable officer to be present when a ball is opened, see the whole of the contents carefully removed, weigh opium and shell separately, and report results. The Collector made some attempt to do this, but was met by opposition of various kinds on the part of the dealers. I suggested that the tare should be at once reduced by one-half and be left at that figure until the importers had produced satisfactory evidence to prove what the tare really amounted to. I left the Island before the matter had been settled, and do not know what has been done since. I am given to understand that when the opium has been removed from the ball the shell is boiled, and material is thus obtained from which an inferior kind of opium is made. If this is a fact, it is clear that not even the whole of the weight of the shell should be allowed as tare. I had not time to investigate this matter fully.

The question of tare has been dealt with in various ways, both in the accounts sent in of the quantity of opium in the Island and in the returns sent in by the dealers. In some cases no account had been taken of tare at all, the total weight of the ball being given; in others the dealer had given his own tare; in others the opium had not been actually weighed, the statement made by the dealer being accepted as correct. In the dealers' returns similar differences occurred; and

these alone were sufficient to frustrate attempts to obtain reliable figures. If I remember right, a trial balance was made up for one month, and the figures showed that the retailers had sold more than their whole stock. This might have been correct and been due either to adulteration or giving light weight. It might also be due to erroneous entries, wilful or accidental. It was impossible to discover the cause of the discrepancy with any certainty. The best way of dealing with tare is to discover in the Custom-house, by actual and repeated experiment, what amount should really be allowed as tare. Dealers should enter in their returns the total weight of the opium which they have in their possession, including the shells; a deduction should then be made of so much for each shell contained in their stocks. Care must of course be taken that the same shell is not allowed for twice over. The accounts should always show the number of shells in stock at the beginning and end of the month. This can easily be checked, as wholesale dealers do not deliver less than a ball. A similar method should be adopted when stocks are checked by Government officers. When this has been done no serious difficulty arises in checking the figures for the Island.

The first account may be drawn up somewhat as follows:—

STATEMENT showing the Quantity of Opium in the Island on the Morning of October 1, 1906, as per Reports of the Special Officers appointed to take Stock.

In the hands of wholesale dealers:—

	lb.	lb.
A	120	
B	280	
C	300	
		700

In the hands of retail dealers:—

D	6	
E	4	
F	2	
G	8	
H	2	
I	10	
J	8	
		40
Total stock		740

Subsequent accounts will run as follows:—

Stock in the Island on October 1, 1906	740
Imported during the month as per Custom-house return	2,000
Total stock for the month	2,740

Stock in the Market on the Evening of October 31, 1906, as per Dealers' Returns.

Wholesale dealers:—

	lb.	lb.
A	300	
B	1,000	
C	700	
		2,000

Retail dealers:—

D	7	
E	3	
F	6	
G	4	
H	20	
I	7	
J	3	
		50
Total stock for the Island		2,050

							lbs.
In stock on October 1 and imported since							2,540
In stock on October 31							2,000
Consumed during the month as shown by the							
retailers' returns							540
Sold by D	...	...	...	...	...	...	120
E	...	...	...	...	...	...	80
F	...	...	...	...	...	...	40
G	...	...	...	...	...	...	160
H	...	...	...	...	...	...	100
I	...	...	...	...	...	...	25
J	...	...	...	...	...	...	15
							540

The wholesale dealers' sales will not appear in this return, because their dealings consist merely of transfers or, so to speak, cross entries, and do not affect the total stock.

It is more than probable that the returns will not come out as above, but that the consumption column will show 500 or 600. A reasonable margin of error, say five per cent, might be allowed for inaccurate weighing; it cannot be expected that all the returns will come out to an ounce, more especially when it is borne in mind that the tare cannot be exactly accurate. It will, I think, be quite possible with a little care to detect where the discrepancy lies. Each retailer's return can be balanced in the same way as the Island accounts, receipt from the wholesale dealers taking the place of importation and being checked on his return, thus: D had at the beginning of the month 6 pounds in stock; he received, say, 120 lb.; he had at the end of the month 7 lb., 126 minus 7 comes to 119 lb., which should be the amount of his consumption. His accounts may be taken as correct. Had his figures by consumption been 110 or 130 lb., further inquiry would have to be made. The retail dealers will soon understand this and will probably begin to cook their accounts, but this can be checked by surprise inspections of both books and stocks by Government servants. This would be neither troublesome nor expensive. I believe that the preparation of these returns will throw a great deal of light on the opium trade, and will make it clear whether it would not be for the advantage of Government to take over the whole business. I am strongly of opinion that it would.

I think that opium in any form, whether as simple opium or laudanum, should be imported only by Government, and that its introduction into the Island by any one else should be liable to very heavy penalties both on the ship and on the importer. A supply could undoubtedly be obtained on very favourable terms by Government, if tenders were called for and properly advertised in the producing districts of India. Opium in any form should always be obtainable by private parties from Government at fixed prices. These should be so adjusted as to cover not only all expenses and the present duty, but also 80 per cent. of the sum now obtained for the rents. When the returns recommended above have been obtained the annual consumption will be known, and there will be no difficulty in fixing a proper price which will comply with these conditions.

Sale by Government should not be compulsory; it should be authorized to refuse a supply in cases in which it is not satisfied that the recipient will make a proper and lawful use of the drug. Under the existing law any one who chooses to write chemist and druggist over his door can deal in opium without control of any kind. I myself have never understood why the chemist should be allowed to sell opium on better terms than the retail dealer. The former pays only cost of opium and duty, while the latter has to pay a high price in addition for the right to retail. I believe it would be quite possible for an enterprising man to set up as a chemist simply for the purpose of selling opium and laudanum, and that he would make a large income. This is manifestly a serious error, which should be dealt with at once. The difficulty that arises is that if only qualified persons are authorized to deal in medicines, vedaralas would be excluded; this at present is very undesirable, and indeed hardly practicable.

If Government imports opium, there are two ways of dealing with the retailer: one is to sell the right of retail, not as now by districts but by shops, the retailer would of course have to get these supplies from Government; the other is to appoint retailers, paying them salaries and requiring them to conform to certain fixed rules and to sell opium at the specified price. On the whole, I think that for the present at all events, the former is the better plan, but the price at which the opium is sold to the retailer should be so high as to leave little more than a fair margin of profit. I have suggested that 80 per cent. of the present rent should be charged in addition to a sum sufficient to cover cost of importation and duty. It is desirable to diminish as far as possible the speculative element in the purchase of the rent. This can be done by raising the price of the opium, as the more the renter has to pay for his supply the less he can afford to pay for rent. This also makes the amount contributed by the renter dependent to a great extent on the amount of his sales. At present both arrack and opium renters have to pay a fixed sum however much or little they dispose of, and this sometimes gives rise to difficulties, as in the case of the recent temperance movement.

The opium shops should be liable to constant inspection, and the retailers be compelled, as indeed I believe they are now, to keep accurate accounts of daily and monthly sales. It would not, I think, be advisable to attempt to regulate, at all events at present, the price at which the retailer is to sell. This would be difficult to enforce, and would offer great inducements to adulteration. The retailer must offer his opium at a price at which he can sell it, or he loses the value of his time and the cost of his licence; the price paid for the opium is a sufficient guarantee that he will not sell at too low a figure. He may therefore, I think, be safely left to fix his own price. The wholesale dealers will, of course, entirely disappear. There is only one danger in this system, and that is from smuggling. If the retailer can obtain a supply elsewhere than from Government, he will make a clear profit of the amount which he pays in addition to the cost of the opium. This will be sufficient to offer considerable temptations. This danger exists now; smuggled opium escapes a high duty. It is at present impossible to say whether Government sustains any considerable loss in this way or not. Under the present system, however, only the duty is lost; under the proposed one both duty and 80 per cent. will disappear. There are, however, several means of checking and detecting this fraud. Before the proposed system comes into operation there will be reliable returns showing the monthly consumption at each shop. If this suddenly diminishes, it will afford good ground for suspicion and watchfulness. In addition to this there should be continual surprise inspections of books and stocks; it will be very difficult to manipulate these so as to cover any extensive sale of smuggled opium.

At first sight it would appear that it would be preferable to have the opium retailed by men receiving a fixed salary with no interest in increasing rules, but such an arrangement would open the door to many frauds. There would be strong temptations to adulterations, to selling at a price higher than that authorized, by giving light weight, by all of these the retailers would directly profit, while detection would be very difficult. If the authorized price were not accurately fixed (and this is a very difficult thing to do), there might and probably would be a margin between the price and what consumers were willing to pay, illicit sale would then become very prevalent, and the retailer would have no interest in checking it. All renters must be excise officers for their own protection. The danger of smuggling would be about the same under both systems of sale, but I am convinced that the safer and better course is the sale of rents, putting a high price on the opium. It may be that after some time so much accurate information will have been obtained that sales by paid retailers may be tried, but experience alone can settle this point.

In conclusion, I may point out that the existing regulation by which the consumption of opium in the shop is prohibited is, I think, a very unwise one. It compels consumers to take the drug home, and has, I think, a very great tendency to increase the number of those who use it. When there is a supply in the house there is a temptation to inmates and neighbours to taste it, and the evil habit thus spreads. It is far better that the consumer should, whenever possible, satisfy his craving in the shop, where he is not likely to be the means of corrupting others.

I think I have now dealt with the principal points that will have to be considered by any one who is entrusted with the duty of regulating the business

throughout the island. In this case, as in that of salt, the need of a regular department in charge of a responsible head is much felt, and the sooner this want is supplied the better.

F. R. ELLIS.

June 20, 1906.

II.—IMPORTS OF OPIUM, 1840-1906.

lb.	lb.	lb.	lb.
1840 ... 1,562	1858 ... 4,368	1876 ... 10,174	1894 ... 12,713
1841 ... 1,046	1859 ... 9,028	1877 ... 9,054	1895 ... 12,827
1842 ... 1,749	1860 ... 8,379	1878 ... 9,843	1896 ... 14,976
1843 ... *	1861 ... 9,608	1879 ... 7,305	1897 ... 18,286
1844 ... *	1862 ... 6,574	1880 ... 10,117	1898 ... 17,260
1845 ... 1,048	1863 ... 9,321	1881 ... 9,178	1899 ... 16,144
1846 ... 711	1864 ... 10,486	1882 ... 7,992	1900 ... 23,755
1847 ... 1,456	1865 ... 10,242	1883 ... 19,867	1901 ... 21,005
1848 ... 917	1866 ... 6,275	1884 ... 10,502	1902 ... 21,278
1849 ... 1,279	1867 ... 10,978	1885 ... 9,900	1903 ... 21,500
1850 ... 852	1868 ... 10,293	1886 ... 9,586	1904 ... 21,692
1851 ... 2,189	1869 ... 6,637	1887 ... 9,976	1905 ... 20,082
1852 ... 2,540	1870 ... 12,449	1888 ... 9,147	1906 ... 18,885
1853 ... 4,668	1871 ... 9,059	1889 ... 10,998	
1854 ... 4,290	1872 ... 12,303	1890 ... 12,807	Total ... 645,049
1855 ... 3,662	1873 ... 11,970	1891 ... 12,314	
1856 ... 10,303	1874 ... 8,408	1892 ... 12,457	
1857 ... 7,512	1875 ... 8,278	1893 ... 12,989	

* No records.

III.—SMUGGLING AND SECRET UNLICENSED SELLING OF OPIUM.

Extract from Letter of Rev. J. A. Barker, Wesleyan Missionary, Kalmunai, Eastern Province, October 7, 1907.

"It seems clear that a large quantity of opium is being smuggled into this port and secretly sold. Coolies are becoming addicted to the habit in large numbers. Native doctors are recommending their patients to purchase it for the alleviation of pain and to induce sleep. In this way many first contract the habit, which they never again shake off."

Extract from Letter of Mr. S. G. Lee, M.A., City College, Colombo, dated August 6, 1907.

"Since the suppression of opium dens attached to opium shops several private dens have been opened in Colombo. I visited one of these in Slave Island last Saturday. I find that each member of the private opium den pays as rent on an average one rupee per month. His average earning is 50 cents per day, while he spends on opium from 15 to 28 cents per day. The balance of 35 to 22 cents is barely enough to support himself. He has also to partake of rich and hence expensive food. Further, his wife and children have to shift for themselves. The majority of these opium eaters are Sinhalese. This is a great calamity to the country, as the wives and children of opium consumers are unsupported by the head of the family."

IV.—EVIDENCE OF RESULTS FROM THE HABITUAL USE OF OPIUM IN CEYLON.

QUESTIONS SUBMITTED TO WITNESSES.

1. Have you any knowledge of persons who habitually take or use opium?
2. Has the habit produced bad results, good results, or no results, in the physical, mental, moral, and social condition of the opium taker?
3. Have you any acquaintance with the working of village opium shops?
4. Do the keepers of village opium shops in your opinion spread the opium habit by inducing new customers to buy the drug?
5. Have you any knowledge of domestic servants or coolies becoming addicted to the opium habit?

6. To your knowledge is the habit of taking opium increasing or spreading to any extent in your district?

ANSWERS BY WITNESSES.

A.—By HEADMEN.

By K. A. Gunasekara, Ratemahatmaya, Balangoda.

1. Yes. There are both men and women who are addicted to this pernicious habit.

2. No good results; on the contrary it has demoralized the villagers, who never knew the evil results of it till they became slaves to the habit, and now they find that they cannot give it up.

3. There is one licensed shop, but I do not think that the rules are carried out. They sometimes sell a larger quantity of opium than the quantity they are legally allowed to sell, and the consequence is that the opium eaters take larger quantities of the drug.

4. I think they do so, as otherwise they cannot make a profit over the trade. They generally induce non-opium eaters to take opium as a tonic, with the result that they become habitual eaters; and, when they cannot get the drug, they commence to steal or sell even their clothes.

5. I have not known of Tamil coolies taking opium, but the Sinhalese coolies do take; the domestic servants take to it by associating with opium eaters, with the result that they rob their masters to procure opium, and they become perfectly useless to perform any physical work.

6. Yes. It is spreading, and hence the value of procuring licences for its sale enhances every year.

By S. D. Mahawalatenne.

1. Yes. I have also had some habitual opium eaters under observation some time back, as I took some interest in the question, on which I had to report when I was in Government Service.

3. Yes. The system is a very bad one. The drug is adulterated, and is useless for medicinal purposes. No check whatever to prevent adulteration.

4. Not to any great extent. But the opium eater, as a rule, does induce others to follow the habit.

5. Yes. Coolies who carry loads eat opium largely just for the sake of the deadening effect it has on the muscles and nerves; its anodyne effect.

6. Yes, to a large extent. The sooner it is checked the better for body, mind, and soul.

By A. Dissanaiké, Mudaliyar, late President of Salpiti Korale.

1. I have come across persons who are in the habit of eating and smoking opium within the last 30 years, when I was Mudaliyar of the Gangaboda pattu of Galle for 21 years and President of Hewagam korale and Salpiti korale for 10 years, and also during my short stays in Matara and Tangalla districts. The use of opium was once in a very limited scale confined to those ailing with some diseases, and is now become a general habit with the people.

2. It has now become a pernicious habit, gradually and insidiously gaining on the community. I am aware of individual cases in which the opium eating and smoking has proved injurious and ruinous to the constitution, and in almost every case to the character of the individual. Irrespective of the lowering of the moral and social condition of the people, it has in many cases affected the physical and mental faculties of the person using it.

3. I have little acquaintance with the working of village opium shops. As there are people using it in almost every village it is taken often by a few, who give it to others in the expectation of getting some favour in return. There were no village opium shops in former days, and the present keepers, knowing that when a man gets into the habit cannot break it off, try to extend their trade and make much profit out of it.

4. It is chiefly the users that spread the habit to others; and the ravages it is making in men, women, and boys are striking. About fifty years ago there were about five or six in a hundred who used it, but now the number has increased ten-fold, and in some places even fifteen-fold.

5. It is prevailing mostly among the lower and working classes, frequently as a luxury or as something to palliate their troubles. The corruption of the lower classes is not a little attributable to opium eating and smoking. When I was President of Hewagam korale in 1888 there was a Gansabhawa rule in which smoking and certain other uses were made punishable, and I had to deal with many of such cases. The intelligent and the higher classes are afraid to use opium on account of its insidious nature.

6. Opium was used in this country formerly for medical purposes after being prepared in a certain way, and only a very few used it, except foreigners, such as Malays, &c. It was not cultivated here, and never used as a luxury. During the last fifty years, it has rapidly increased in the towns, suburbs, and the interior villages to such an amount that there must be 50 and even 75 per cent. of the population addicted to it. Some who have felt the harmfulness of the use of the morphia try to get rid of it by taking boiled papaw fruits on empty stomachs in the mornings. The opium smokers or eaters are rather reluctant to acknowledge openly their using it, knowing it is a bad and demoralizing habit.

The user of opium commonly increases the dose, and the person who uses it becomes worthless and unfit for active work after eight or ten months' use of it; no man can use opium without harm to himself.

By Arthur Jayawardane, Mudaliyar, Kataluwa.

1. Yes. Some knowledge of them.
2. This habit enspirits the old, sluggish people, but it slowly, yet imperceptibly, undermines their constitution and makes them eventually complete wrecks.
3. Yes. Some acquaintance with it.
4. All sellers have a tendency to induce new customers to buy their goods. But in shops where opium is sold they cannot have breathing time to do so, the rush of both new and old customers calling for the drug being so great.
5. When domestic servants or coolies find their master or a fellow-servant or coolie takes opium, they follow suit.
6. To my knowledge it is increasing to a fearful extent, particularly among the old people.

E. R. Gooneratne, late Mudaliyar and Justice of the Peace, Galle.

1. I have. I know of people who used to take it without intermission for over 20 to 25 years.
2. On the whole, the habit has undoubtedly produced bad results. At the onset opium is found to be effectual in alleviating slight ailments, but when taking it becomes a habit, though there may be temporary relief, the taker eventually gets incapacitated for work, and thoroughly so, unless he takes his usual draught.
3. There are no village opium shops in the Galle District. They are sold in the town, and the shops are the regular resort of numbers of purchasers from the villages.
4. No. It is rather the buyers themselves that induce new customers to buy the drug, and the use of it even by the comparatively healthy is gradually becoming extensive.
5. I am aware of coolies and day labourers becoming addicted to the opium habit. The coolies who work in the plumbago pits, and who are at a stretch engaged a day and night to drain the water—a fearful strain on the system—have commenced to use opium largely.
6. I believe it is spreading to a considerable extent, and the only drawback to this is the difficulty of paying for it. The temporary relief they get is an incentive to their continuing to take it.

By Hon. Mr. T. B. L. Moonemalle.

1. Yes. One, apparently in robust health, died suddenly from heart failure.
2. In some very bad results. I know a case in which a young man got through his patrimony in a few years, and is now a vagabond in the streets. I know several coolies who take a certain quantity daily to enable them to do their work. They do not seem to exceed the limit. Result good.
3. Acquaintance limited. From my experience in the courts, town and village shops appear to carry on an illicit trade in opium.

4. I do not think so. The inducement is offered rather by the consumers, who accustom their children and relations to take the drug in small quantities at first.

5. Yes. I have servants who have taken opium habitually, probably as a relief from rheumatism or long-standing venereal disease. I have stated my experience regarding coolies under No. 2.

6. Spreading.

By S. N. W. Hulugalle, Adigar.

1. Yes.

2. Has produced bad results physically, but more noticeably mentally. Socially the opium eater has been a useless member, and practically a moral wreck.

3. Yes.

4. Most decidedly it is to the interest of these renters or traders to increase the number of their customers, and this they do in every instance within the range of my knowledge.

5. Yes.

6. It is both increasing and spreading.

By T. B. Madawala, President, Village Tribunal, Weudawili Hatpattu.

1. Yes.

2. I have noticed the production of bad results, physically, mentally, morally, and socially.

3. No.

4. Yes.

5. Yes.

6. Increasing.

By W. C. Jayatileke, President, Village Tribunal, Katugampola Hatpattu.

1. Yes.

2. Bad results, physically, mentally, and morally.

3. Yes.

4. Not known.

5. Coolies become addicted to the opium habit.

6. Increasing rapidly.

D.—BY MEDICAL OFFICERS.

By R. Pestonjee, Medical Officer, First Grade.

1. I am aware that in the Panadure district a large number of persons, both male and female, above the age of fifty years, take opium. The usual reason given is that opium was recommended to them for rheumatic pains.

2. As far as I have learnt, by personal observations and questioning these people, they take opium in very small quantity, and do not suffer from any ill-effects, but, on the contrary, it does them some good. I may again mention that the habit is strictly restricted among the old of poor classes.

3. No.

4. I do not know. I am inclined to believe that a person who has taken opium for rheumatic pains recommends it to another for the same complaint.

5. No.

6. I think in the Panadure district the habit of taking opium is increasing. I may add that the habit of taking alcohol in form of arrack and toddy is also very prevalent in the same class of people. I have heard that a large proportion of the insane in our Asylum come from Panadure and Kalutara districts.

By C. Heynsbergh, Medical Superintendent, Leper Asylum, Hendala.

1. Yes. Several patients in this Asylum take opium. They have been taking it long before admission. I know of no person habitually taking opium in the villages in the vicinity of this Asylum.

2. As a rule, pain is relieved, and the result generally is good. I have not noticed any bad results, physical, mental, moral, and social, following the use of this drug.

3. I have none.

4. I know of no village opium shop in the vicinity of this Asylum.

5. No.

6. To the best of my knowledge and belief the habit of taking opium is not increasing or spreading to any extent in the district.

By W. E. Leembruggen, Medical Officer, Negombo.

1. Yes. The habit in nearly all of them was acquired by first taking the drug for either rheumatic pains or diabetes.
2. Good results as regards the physical condition, and no results as regards the others.
3. No.
4. I think not.
5. No.
6. Spreading.

By T. F. Garvin, M.B., Surgeon in Charge, General Hospital, Colombo.

1. Yes.
2. Good results.
3. No.
4. I do not know.
5. No.
6. I cannot say definitely.

By Hinton de Silva, Medical Officer, Beruwala.

1. Yes.
2. Has produced bad results physically.
3. No shops at Beruwala, but I hear there are several places where opium is sold privately.
4. Yes. They give opium free for a day or two. This is what I hear from opium eaters.
5. I know many coolies becoming addicted to this habit. There are many women down here addicted to this habit.
6. It is spreading very fast.

By S. Hallock, Medical Officer, Convict Establishment.

1. Yes.
2. Bad in every respect.
3. Yes.
4. Yes.
5. Yes.
6. Increasing.

By A. Rajasingham, District Medical Officer, Neboda.

1. Yes.
2. The results are generally bad, such as habitual constipation, deterioration of brain and will power, loss of appetite, predisposition to mental diseases, frequent attack of diarrhoea and dysentery, and the latter generally proves fatal in such cases.
3. No.
4. Cannot state from personal experience.
5. No.
6. I have been here only a few months, and therefore I am unable to give an answer which can carry any weight with it.

By C. de Vos, Medical Officer, Avisawella.

1. Yes. There are several in the district addicted to the opium habit. A few patients attending the outdoor dispensary have casually mentioned that they are addicted to the habit.

2. The exception [? inception] of the habit has invariably been the use of opium for the relief of rheumatic pains and the sequela of malarial fever. The poorer classes are impoverished by the use of opium. Many addicted to the habit have asked for relief on the ground of its impoverishing effect on them.

3. No.
4. I have no knowledge of the fact.

5. The habit is not prevalent amongst domestic servants or estate labourers. All cases I have seen are those of villagers.

6. After an experience of five years of the district I think the habit has not spread to any appreciable extent.

By E. Modder, Medical Officer, First Grade, Kalutara.

1. Yes. I have come across persons in every walk of life and have seen many.

2. Moderate eating is perfectly compatible with a high degree of both physical and mental health. The habit when established causes moral and social ruin.

3. No.

4. Yes, to a great extent, and I believe the vedaralas also encourage people to take opium for the relief of rheumatism and diabetes.

5. Yes. I have had servants in my employ who were addicted to the habit, and it is not uncommon.

6. It is increasing to a great extent because the shopkeepers encourage the sale of opium.

By E. C. Pieris, Medical Officer, Panadure.

1. Yes, generally taken to alleviate pain, as in the case of rheumatism, and afterwards it becomes a habit.

2. Physically good results at first, but bad results latterly, physically, mentally, and morally, I should say.

3. No.

4. Yes.

5. No.

6. I believe the opium habit is increasing and spreading, though very slowly.

By G. W. van Twest, Medical Officer, Nuwara Eliya.

1. I understand that there are a number in Nuwara Eliya who habitually use opium. I have only come across one man, who was admitted into hospital with hepatitis; he is in charge of the golf links; he told me he is an opium eater, and took to it owing to the cold in Nuwara Eliya.

2. The patient I refer to, Louis Burkey, appeared emaciated and weak, but I am not able to say that his condition is due to the opium habit.

3. No. There are, I understand, only two opium shops in the whole of Nuwara Eliya District: one in Nuwara Eliya town and the other in Talawakele.

4. Not to my knowledge.

5. No.

6. From the list of opium eaters filed in the Nuwara Eliya Kachcheri, I do not think the habit is increasing or spreading to any extent in this district.

By H. U. Leembruggen, District Medical Officer, Pussellawa.

1. Yes, one.

2. Physically, it has not, as far as I have observed, affected his capacity for hard work or endurance; mentally, no marked bad effect; morally and socially, it has lowered the man to the extent that he cannot do without the drug, and spends his money on it.

3. No.

4. I cannot say.

5. Yes.

6. I have no information.

By A. Ludowyke, Medical Officer, Galle.

1. Yes.

2. Bad results.

3. No.

4. It is to their advantage to induce new customers, but I am not aware that they are instrumental in spreading the opium habit.

5. No.

6. I do not think that the habit of taking opium is increasing in this district.

By C. Dickman, Medical Officer, Hambantota.

1. Yes.
2. Bad results. Men become victims to an expensive habit, which cannot be shaken off, and, besides other results, the drain on the family purse when the breadwinner becomes addicted to it is heavy.
3. Yes.
4. Yes. The commonest reason for taking it amongst the Mohammedan public is a sedulously encouraged belief that it increases both sexual desire as well as prolonging sexual enjoyment.
5. Yes, both hospital and domestic servants, boatmen, and others I come in contact with.
6. Is spreading. In my short experience here I have noticed several new victims to the habit.

By W. A. de Silva, Medical Officer, Second Grade, Udugama.

1. Yes, more especially amongst the common village agriculturists and Moorish and Malay communities.
2. Yes, the habit has produced good and bad results rather than no results in all the above-named conditions of the opium taker.
3. Yes. Opium is sold in large quantities to villagers, who in turn retail them illicitly in their villages.
4. Yes, in the manner stated in paragraph 3, and also by praising its value as a restorative in various ailments of the ordinary villager.
5. No.
6. Yes, it is undoubtedly increasing.

By D. Schokman, Medical Officer, Trincomalee.

1. Yes.
2. Physical condition: good results in some, bad results in others; mental condition: bad results; social condition: no results; moral condition: bad results.
3. No.
4. I am not aware of it.
5. No.
6. It is not spreading in this district.

By W. S. Ratnavale, Medical Officer, Maha-oya.

1. I have met three persons who habitually take opium.
2. Bad results, mental and physical. Whenever the person is unable to obtain the drug, he or she gets into a state of physical and mental prostration.
3. No.
4. I do not know.
5. One of the three persons I have met is a cooly.
6. I am unable to answer this, as I have been at this station for only a short time.

By A. M. Kariapper, Apothecary in Charge, Kattankudy.

1. Nearly a thousand villagers of Kattankudy habitually take opium.
2. No results are observed.
3. There is only one licensed shop, and where not less than half-pound of opium is sold daily.
4. I have no knowledge of this.
5. The majority of opium takers are domestic servants and coolies.
6. The habit of taking opium is increasing to a great extent in the villages.

By T. Ohlmus, Medical Officer.

1. Yes.
2. No bad results.
3. Yes.
4. No.
5. Yes.
6. No personal knowledge. Administration Report on the working of the Local Boards for 1906 throws much light on this question.

By E. N. Jan, Medical Officer, Chilaw.

1. Not to any great extent.
2. It has produced no bad results from my limited experience of the few opium takers I know.
3. No.
4. I do not know.
5. I am not aware of it.
6. I do not know personally, but from inquiries I have made I hear it is increasing.

By A. C. Evarts, M.B., Medical Officer, Kalpitiya.

1. Yes.
2. I am not aware of any case in which the habit has produced any bad results either physically, mentally, or morally. On the whole, I should think the results were good where the dose was not exceeded.
3. No.
4. I have no acquaintance with any village opium shops, and therefore I am unable to answer this question.
5. No.
6. Increasing.

By S. Saravanamuttu, Medical Officer, Nikaweratiya.

1. I know about a dozen persons who habitually take opium, and who were treated in the hospital during the last one year.
2. Most of them say that they began to take opium for rheumatic pain, fever, or some kind of pain in the abdomen, and some seem to have been relieved of their trouble apparently. Except this the habit has produced bad results in all the individuals physically, mentally, morally, and socially.
3. No.
4. I have no knowledge of village opium shops.
5. I do not know any case of domestic servants becoming addicted to opium habit, but know of Public Works Department coolies becoming addicted to the opium habit.
6. I think the habit of taking opium is spreading in this district.

By F. M. Croning, Apothecary in Charge, Madampe.

1. Yes, a few.
2. Bad results in few physically after long use in weak persons. After some time it loses its beneficial effect, but still they continue to take more as they cannot shake off the habit once acquired.
3. Very slight.
4. It is people that have used opium previously that recommend opium to others than dealers in opium.
5. Yes.
6. Very slight increase.

By D. M. Aryaratne, Medical Officer, Dandugamuwa.

1. Yes. Personally I know of about 25 persons who habitually take opium, but there is a large number in this district who are not known to me personally.
2. As a rule, in this district at first opium is taken as a medicine for parangi, rheumatism, malarial cachexia, and debility. First it produces good results as a sedative. In course of time, when the habit is continued and the dose is increased, it degenerates them, physically, mentally, and morally.
3. Yes. In Dandugamuwa there is one shop; the number of customers is yearly on the increase.
4. Personally I know nothing of the means adopted; but I am informed by some habitual opium eaters, who are regular customers, that the opium shopkeepers give them opium on credit, when they run short of money.
5. I know a few cases in other districts.
6. Yes. The habit of taking opium, as a remedy to find temporary relief, is steadily increasing in this district.

By E. W. Scharenguivel, Medical Officer, Lunugala.

1. Yes.
2. Good results physically in those who have taken it in moderation for a more or less short period; bad results in the confirmed opium eater.
3. No.
4. I am unable to offer an opinion as I can get no direct evidence to this effect.
5. No. There are Sinhalese of the ordinary wage-earning class of an elderly and advanced age who are addicted to it.
6. There is evidence of it increasing, but by very slow degrees.

By C. M. Thomasz, Apothecary, Passara.

1. I have. I know of about a dozen people who habitually use opium. They are all of the male sex, and their ages range between 45 and 85 years; the period during which the drug has been used in one case is over 42 years; and the largest quantity eaten by a single individual, an Afghan, for a month is four ounces. He began it ten years ago as a remedy for pain, and such is the start nearly in every case.

2. In the case of the people known to me the habit has not produced helplessness or wretchedness. Physically the younger men are of the average normal weight and muscularity, but the older men possess a power of endurance not often seen at their time of life, and they exhibit an energy quite marvellous for their age. Mentally with them the habit has been a force which has made them look on life as something earnest. Their powers of thinking are quickened, their working ability strengthened, and they feel a general sensation of well-being. From the cases known to me, and from what I know of the opium habit, the moral degradation is infinitesimal compared to what alcohol does to the human family in this respect. Socially an opium eater is a bright fellow, a happy conversationalist, and not the mischievous "bounder" a man in drink is.

3. There is a licensed shop here. It is not the centre of cigar smoking, ribaldry, and disorderliness the local arrack tavern is. The opium seller or the public never had to requisition the services of the police headman to remove the man in opium to a place of safety, but this has to be done more frequently than not in the case of the man helplessly in drink.

4. Not to my knowledge. I do not think so.

5. Not to the habit, but some of the coolies, when they can afford it, buy some for use as a painkiller, *i.e.*, as a medicine.

6. No. The sales are to some extent greater as will be seen from the following particulars obtained from the opium seller: 1905, sold 20 lb.; 1906, 22½ lb.; 1907, to September, 14 lb.

The increase in the sales is due to the purchases made by the carters passing through Passara of the drug for their consumption and for their bulls medicinally.

Regarding the Afghan referred to above, who uses a ¼ lb. of the drug monthly, I should like to add that he is 52 years old, and is a healthy and fairly strong man. He is a cashier by occupation, and occasionally does the work of a recruiting agent to the planters in Lower Uva. His work requires calculating and watchfulness. The opium habit has not impaired the subtlety of his mind. He is an eater for ten years.

By R. J. Jayatilleke, Medical Officer, Haputale.

1. Yes.
2. No results so far as I could gather.
3. No.
4. I cannot definitely say so.
5. Yes, but very rarely. The drug is first taken for some complaint, and then the habit is acquired later on.
6. I do not think it is.

By W. Margenout, Medical Officer, Kegalla.

1. Yes.
2. In the few cases that I know personally no bad results appear to have been produced.
3. No.
4. Not to my knowledge.

5. No.

6. No.

By J. Asirvatham, Medical Officer, Kolonna.

1. Yes.

2. Good results physically.

3. No village opium shops.

4. See above.

5. No.

6. No.

By B. C. F. Jayaratne, Apothecary in Charge, Ellagawa.

1. Yes. Almost all the male residents at this station (Ellagawa) and surrounding villages use opium. It is their remedy to allay tiredness after hard work. The majority of the plumbago pit coolies, who come from other districts too, are addicted to this habit.

2. I have in a few cases noticed physical, moral, and social differences in a considerable degree.

3. No.

4. I have no knowledge.

5. Yes, plumbago pit coolies (Sinhalese).

6. Yes, increasing to a great extent.

By L. A. Ekanayaka, District Medical Officer, Karawanella.

1. Yes.

2. It has produced bad results in a few cases that I have known, but in many it has produced no results whatever as far as I could have judged.

3. No.

4. I am unable to express an opinion on this point, as I have had no opportunity to judge the transactions of these shopkeepers; but I do know that many persons become addicted to the opium habit by starting to eat it on the advice of Sinhalese vedaralas.

5. No.

6. I think it is on the increase to a slight extent.

By J. C. Cooke, Medical Officer, Balangoda.

1. Yes.

2. No results. Usually taken in very small quantities for rheumatic pains, insomnia, &c.

3. No.

4. No. Vedaralas and those who are in the habit of taking it recommend the drug to those who complain of rheumatic pains.

5. No.

6. I do not think it is increasing or spreading to any extent in this district; only two opium eaters were admitted into this hospital during the last twelve months. They came in for ailments unconnected with the habit of taking opium.

By E. de Kretser, Medical Officer, Ratnapura.

1. Yes.

2. No results.

3. No.

4. Not that I am aware of.

5. Yes, coolies (Sinhalese).

6. Increasing I am told. Have no personal knowledge.

By K. Chittampalam, Medical Officer, Kankasanturai.

1. Yes, a few.

2. Bad results in the few I have seen.

3. No.

4. I do not know.

5. No.

6. I cannot say.

By J. R. Jeremiah, Medical Officer, Third Grade, Mullaittivu.

1. Yes.
2. I have only come across one or two habitual opium eaters, who were pale and emaciated, but showed no mental deterioration. About the effect on their moral and social condition I had no opportunities of knowing.
3. No.
4. I am not sufficiently well informed to answer this question.
5. No.
6. No.

By S. F. G. Danforth, Medical Officer, Point Pedro.

1. Yes.
2. Bad results when constantly and immoderately used, and no healthy person requires it; good results when it is carefully and intelligently used as a medicine. It destroys the physical, mental, moral, and social condition of the habitual opium eater.
3. No.
4. I think so, as the numbers are gradually increasing.
5. Yes.
6. Yes, it is increasing.

By P. D. S. de Silva, Apothecary in Charge, Mihintale.

1. Yes, I have come across several opium eaters here and in other districts. Some of them were not able to give any reason for acquiring the habit.
2. Generally the habit of taking opium has produced bad results. Most of them become idle loafers about the opium shop. Physically they become unfit for hard work.
3. No.
4. Indirectly they do; but the habitual opium eater induces his friends to the habit by recommending the drug as a remedy.
5. Coolies who work hard generally become opium eaters by taking small quantities of opium in the beginning for some sort of pain in their body on the recommendation of some opium eater.
6. The habit of taking opium is increasing in the district.

By S. P. Fernando, Apothecary in Charge, Maradankadawala.

1. Yes.
2. It has produced good results in the physical condition.
3. There are no village opium shops to my knowledge.
4. Nil.
5. No.
6. No.

C.—BY THE GENERAL COMMUNITY.

Victims of Opium.

No. 1. Case of a strongly built Tamil man, about 38 years of age, employed as bungalow servant. He contracted the opium habit, and could not by any means be kept from it. He fell into bad health, and had repeated illness detaining him for weeks at a time in hospital. Last seen a year ago suffering from cough and great debility—a mere wreck.

No. 2. A Sinhalese man, headman of the village near which our estate is situated. Had been a strong and well-to-do villager. Took to opium and quickly neglected work and property; is now feeble and emaciated. He admits the drug is killing him, but says he cannot resist the craving for it.

No. 3. Is a Sinhalese man, strong and capable; was working in a malarious district, and had opium prescribed for him. He quickly found himself unable to give it up. This man admits that he consumes more than Rs. 5 worth of the drug each month, but believes he could not do his work without it, though he is yearly feebler and more nervous, and says he will have to give up his duties before long.

No. 4. A Tamil man, employed as gardener, had a cough that disturbed his rest, and for which opium was prescribed. He very soon became so addicted to it that he performed no work at all, and was scarcely ever in possession of his senses.

This man visibly grew thinner from week to week, and died in a miserable state within about two years.

Above vouched for as correct:

H. STORK.

"There is the adopted son of———, who became addicted to the habit (I do not know how). He gave up work here and went back to his village, and there does nothing, but lives on the proceeds of ancestral lands of the man who adopted him; but he passes his days consuming opium, and I hear is teaching the village people—mostly young men and boys—to use the drug, pressing it on them, and so has succeeded in corrupting many.

Not a few around me here use the drug daily, since they got it at the village shop, and are now unable to give up the habit.

From my friends in the low-country I have alarming news of the spread of the habit: one man is reported to be using all his wife's earnings for the drug, while he idles about in a comatose condition, and there is not a village with an opium shop where this experience cannot be duplicated in several cases."

Above vouched for by:

The Courts, Anuradhapura,
October 28, 1907.

W. H. SOLOMONS,
Proctor, Anuradhapura.

By Rev. J. S. de Silva, Wesleyan Minister, Galle.

1. I know a few, and my friends have told me of others known to them.
2. I believe the results of the habit are on the whole bad. There is an alleviation of pain undoubtedly, but it is a desperate remedy as far as I have seen, and the last state of a man having recourse to it is worse than the first. Morally and socially the habit is degrading.
3. I have no acquaintance with the working of village opium shops. I have learned from reliable sources that there is a good deal of illicit sale of opium in the villages. The opium for this purpose is sometimes bought in Colombo.
4. It is consumers, as far as I can gather, who try most to induce others to take to opium. People resort to its use on the most trivial pretexts.
5. I have no knowledge.
6. I am certain the habit is spreading. Even women now take to it. It used to be regarded as a disgraceful thing among the Sinhalese to take opium, and even now they are rather shy about confessing to using it.

By Hon. Mr. W. M. Abdul Rahiman.

1. Yes, of a large number.
2. In the case of persons of advanced age from 40 years and upwards. Opium taken in small quantities as a stimulant has produced good results. On the other hand, constantly increasing doses have invariably produced bad results in every respect.
3. No.
4. Not to my knowledge.
5. Labourers using small quantities do excellent work. Those taking larger quantities can do little work, unless they repeat the doses frequently.
6. To the best of my knowledge the habit is increasing to an alarming extent in the villages, not as a stimulant, but as a luxury and vice.

By G. P. H. J. de Silva, Topawewa.

1. Yes. I know of three persons in the Tamankaduwa district, Topawewa village, who habitually use opium. They obtain it from Matale or Anuradhapura. One is about 90, one 45, and the other 37.
2. Bad results. No bad results in the case of the nonagenarian; in the case of the man aged 45 the opium habit has been a curse; in the case of the man aged 37 he would be a much better and successful man (he is not either), if he had not acquired the habit.
3. I have no acquaintance with village opium shops. There are none in Tamankaduwa.
4. No.
5. I know of one case.
6. Not increasing.

By W. H. Solomons, B.A., Calcutta, Proctor, District Court, Anuradhapura.

1. I have. There is an old man next my house who in his prime held the post of constable in Anuradhapura—a *persona grata* with the late Sir J. F. Dickson when Government Agent, North-Central Province. He is said to be constantly using opium, and I think it has no bad effect on him. There was another, recently gone to his account, whose end was no doubt accelerated by the mischievous use of bhang and drink.

2. I think the answer to 1 takes in this question.

3. No personal knowledge. I understand that opium is illicitly sold at Kekirawa by a rich Tamil called Thamoo. Indeed, I know it for a fact, as Thamoo has been fined in this court for that offence.

4. I cannot tell.

5. Yes. My friend Mr. Proctor Krisnaratne had in his employ a young Sinhalese, who had been in my employ, too, previously. He promised to do extraordinary things for Mr. Krisnaratne, but he soon flagged, and it was found he could not work steadily, as he was a victim to opium. It utterly spoilt a promising career.

6. I cannot speak positively, but I very much fear it is.

By H. A. de Silva, Darley Gardens, Colombo.

1. Yes.

2. It has invariably produced bad results physically, morally, and in the social condition of the eater.

3. Yes.

4. Not as a rule, but they encourage customers to become retailers of the drug in the villages.

5. Yes, coolies.

6. It is spreading rapidly in the villages of the Western Province. This expansion is aided by a regular system of illicit sales; in about every village there are persons from whom the drug can be obtained. This system of illicit selling is rapidly spreading, and the headmen are powerless to check it, for a man who thus sells opium keeps it avowedly for his own use, is a walking shop, from whom the villagers obtain their 5 cents worth of the drug.

By W. R. Peacock, Colombo.

1. Yes. In the village of Hanwella I interviewed about thirty victims, who all deplored their slavery to the habit. Their condition was pitiful in the extreme.

2. So far as I have observed the results are always bad.

3. Not directly.

4. I have no information as to this.

5. A few cases of servants who have been ruined by the habit have been brought to my notice.

6. All my information points to a decided increase.

By J. E. de Pinto, Karagampitiya, Dehiwala.

1. Yes.

2. Bad results in every case. It makes a person a coward, a sloth, and a physical wreck.

3. Yes, the shop in my village, Karagampitiya, near Dehiwala, which was abolished some years ago.

4. Yes. The more customers, the more income to them. They recommend opium as an antidote to every form of ailment.

5. Not these; but several villagers, including women, who, in consequence, neglect their families and household duties. Its the same case with the men, who, moreover, when they have no money to buy the drug, either take to stealing or pawn their or their wives' goods.

6. It is increasing, but not in the same proportion as when there was the licensed shop, which, happily, is now abolished.

Opium and Villagers.

An inquiry of an important character was held yesterday afternoon at the Muhandiram's office at Nedimale, near Dehiwala, by the Mudaliyar of the Salpiti korale, Mr. Henry A. Perera, with regard to a petition forwarded to Government

and signed by nearly 200 villagers praying for the abolition of the opium licence at Karagampitiya. Thirty-three of the petitioners attended the inquiry, which lasted from 1 to 7 p.m., during which the Mudaliyar patiently recorded the evidence tendered to him in support of the petition, in which several allegations were made against the present opium boutique itself. It was elicited during the inquiry that the opium habit was rapidly spreading, even to women, who smoke or use it at their homes to the detriment of their husbands and families, and that there were nearly 300 regular customers in the village and the neighbourhood who use the drug one way or the other; whereas there were scarcely 20 persons twenty years ago when the opium boutique referred to was first licensed. The Mudaliyar expressed his fear that if the licence was discontinued there would be illicit sales (as was stated to be the case at present at Kalubowila, a neighbouring village, and at Wellawatta), but it was urged that it was the duty of the headmen, aided by good and intelligent folk, to put a stop to them. Of course, there was a number of opium users and friends and relatives of the present licensee to oppose the petition; but, however, on the whole, the petitioners have made out a good case. The proceedings are to be forwarded in due course to the Hon Mr. Ellis for his consideration and decision. A feature of yesterday's inquiry was the evidence tendered by several persons who are addicted to the opium habit, but who, nevertheless, prayed for the abolition of the licence, stating in effect that having acquired the habit once they could not give it up, unless some restrictions were made by placing the drug beyond their easy reach. As a side issue to the inquiry the Mudaliyar was given several instances of the apathy of some headmen respecting their villages, which he said he would note and deal with.

Authenticated by a reliable Sinhalese correspondent.—*Ceylon Observer*, October 22, 1898.

By H. W. Kellow.

1. Yes.
2. Bad results.
3. No.
4. Yes.
5. Yes. Messrs. Milsom & Co. had a cooly in their employ about six months ago. He got so bad he had to abandon his job, and it is a wonder he escaped with his life. However, now he is working at odd jobs in the bazaars, but in my opinion is not fit for any laborious work.
6. I cannot say.

By A. N. Sethukavalar, M.A., Eastern Province.

1. I know of about a dozen cases.
2. One, a respectably connected Hindu. Parents ruined, and died in great poverty. One grown-up son found dead a few years ago on a verandah of opium shop. Said to be from an overdose. One grandson, a kleptomaniac. Names could be given if necessary for verification. A Protestant Christian is suspected of taking opium.
3. Know of two, but not acquainted with the details. One is a Moorish village (Kattankudy). Have heard of two places of illicit sale, but do not know them.
4. Cannot speak of personal knowledge of such inducement, but am persuaded of the increase all the same.
5. Many of the coolies are suspected. I know one head field servant addicted to the habit, and even trying to justify it. One of the sons follows the father.
6. The habit is alarmingly on the increase. Thirty years ago a respectable old man shot himself for want of opium. Now, within a radius of about half a mile from my house, the names of 18 persons are given to me as opium eaters, many of them between 25 and 40 years of age.

By A. S. Casinader, Arappattai, Eastern Province.

1. I know a few only; the majority of them are Mohammedans.
2. Those that freely indulge in this habit may be generally made out from their eyes and their drooping walk.
3. There is one at Kattankudy among the Moors. Other illicit places have been detected at times and the persons punished. It is suspected that traders from India smuggle this occasionally into Batticaloa.

4. I have not heard of cases where the man directly invites the people. But as the opium is near at hand it is a temptation to many.
5. Many coolies and some paddy cultivators are said to be getting accustomed to taking opium. It was not so formerly.
6. It is spreading to an alarming extent. Formerly a few used it secretly, now buy it openly, and many of the lower [classes] do not consider it a disgrace at all.

By J. A. Barker, Kalmunai.

1. Personally I have no such knowledge; but this is due to short acquaintance with the people. But every one whom I have spoken to on the subject—men whose word may be relied upon—knows such persons. The inquiry has brought to light one or two pathetic instances of slavish abandonment to the drug's influence.
2. The habit almost invariably produces bad results. The coolies of this part—all very poor—are contracting the habit. Though they purchase a cheap and adulterated opium, it so impoverishes them financially that they forgo necessary and wholesome food; thereby the worst physical effects of the drug are seen. An evil which thus commands so much of a man's scanty earnings must produce a bad result in the social condition of the opium eater.
3. I understand there is no licensed shop in Kalmunai.
4. I think there is no doubt licensed retailers would do this. Here there is no licensed shop, therefore the vendor must ply his trade secretly. Consequently his new customers are more likely induced to eat opium by consumers of their acquaintance than by the vendor himself.
5. Coolies, both Tamil and Moor, are freely addicted to the habit. Women and men of this locality use certain powder. I understand this to be largely compounded of opium, ganja, and poppy seed. The practice is common to all. They use it not as a medicine, but as a luxury. Its injurious properties must have a bad effect on the system.
6. There is no doubt the habit is on the increase. The alarming thing is that this increase is principally among the poor people.

V.—RETURNS OF HABITUAL USERS OF OPIUM IN EACH DISTRICT.

Province.	District or Korale.	Total Number of Opium Users.
Western	Hapitigam Korale	203
Western	Alutkuru Korale North	1,442
Western	Alutkuru Korale South	671
Western	Siyane Korale West	767
Western	Siyane Korale East	290
Western	Hewagam Korale	869
Western	Salpiti Korale	1,128
Western	Colombo Mudaliyar's Division	697
Western	Kalutara District	3,240
Central	Kandy District	770
Central	Matale District	237
Central	Nuwara Eliya District	137
Northern	Mullaitivu District	1
Northern	The Islands Division	1
Northern	Mannar District	—
Southern	Galle District	1,921
Southern	Matara District	804
Southern	Hambantota District	351
Eastern	Batticaloa District	376
Eastern	Trincomalee District	67
North-Western	Kurunegala District, &c.	2,186
North-Western	Chilaw District	1,325
North-Western	Puttalam District	197
North-Central	Anuradhapura Town, &c.	91
Sabaragamuwa	Ratnapura District	796
Sabaragamuwa	Kegalla District	531
Uva	Passara	323
Uva	Rilpola, &c.	425
		19,847

VI.—RECOMMENDATIONS OF THE PHILIPPINE COMMISSION.

It is recommended—

(1) That opium and the traffic therein be made a strict Government monopoly immediately.

(2) That three years after that shall have been done no opium shall be imported, bought, or introduced into these Islands, except by the Government and for medical purposes only. (The time necessary to enable one accustomed to the use of the drug to discontinue the habit has been estimated at from six months to twenty years. It has seemed necessary to the Committee to state a definite period, after which the use of opium shall be prohibited, because the force of any law or Ordinance depends largely upon the exactness of the time at which it may be enforced. If a longer period than this were allowed, the time at which the *habitué* would begin to disaccustom himself to the use of the drug would be postponed indefinitely. Three years would seem to be a period of sufficient length. At the expiration of this time the Government will be in a position to determine what is wisest and best to be done.)

(3) That the use of opium shall be prohibited to all inhabitants of these Islands who are not males over twenty-one years of age.

(4) That only those males over twenty-one years of age who have licences to use opium shall be permitted to use the drug.

(5) That licences shall be issued to males over twenty-one years of age by the Government only when it is shown by sufficient evidence that said males are habitual users of opium, and would be injured by being compelled to discontinue its use suddenly. (It is to be noted that no distinction has been made among the various nationalities which reside in these Islands, as it is believed that the interests of equity and justice are thus best subserved.)

(6) That no person who is known to be an habitual user of opium shall be authorized to exercise the franchise or hold office under the Government of the Philippine Islands.

(7) That in case a native of these Islands (not a Chinese) violate any of the laws, regulations, or rules against the use of opium, he (or she) shall be punished for the first and second offences by fine and imprisonment, or by both, and for the third offence by being deprived of his (or her) right to exercise the franchise or hold office under the Government of the Philippine Islands.

(8) That in case a Chinese or other non-native violate any of the laws, regulations, or rules against the use of opium, he shall be punished for the first and second offences by fine or imprisonment, or by both, and for the third offence by deportation from these Islands, said deportation to last for at least five years.

(9) That the pupils in the public schools of the Philippine Islands shall be taught the evil and debasing results of the opium habits, and that a primer of hygiene containing this information (and such other as the Honourable the Secretary of Public Instruction may deem fit) be prepared and used as a text book in said schools. (That part of the primer containing the information relative to the use of opium might be translated into Chinese and distributed among the Chinese or published in the Chinese newspapers.)

(10) That all persons who are opium *habitués* and desired to be cured of the opium habit be admitted into hospitals, where they may be treated for the same; and that when such hospitals are under the control of the Government, a fee shall not be charged in the case of indigent persons who voluntarily enter the hospital for the purpose of receiving treatment for the opium habit; provided that nothing in this section shall prevent any person from entering any hospital, refuge, or other institution not under the control of the Government, which he may choose.

(11) That as the Committee is of the opinion that public places for the smoking of opium (fumatories) exercise a pernicious influence on the public, no fumatories be allowed in the Philippine Islands.

(12) That the written statement of the licensee and of two trustworthy persons, one of whom shall, when practicable, be a regular licensed physician, shall be considered sufficient evidence on which to grant a licence.

(13) That the cultivation of the poppy for the purpose of producing opium shall be made illegal in the Philippine Islands.

If these findings and recommendations should be approved, it would seem advisable that opium already prepared for smoking, provided there be a demand

for it, should be purchased and imported, as the establishment of the plant necessary to prepare the cooked opium (chandoo) is costly, and would be an unprofitable investment for the Government, provided that prohibition should go into effect after three years.

The plan outlined is, briefly, as follows:—

- (1) Immediate Government monopoly to become
- (2) Prohibition, except for medical purposes, after three years.
- (3) Only licensees, who shall be males and over twenty-one years of age, shall be allowed to use opium until prohibition goes into effect.
- (4) All vendors or dispensers of opium, except for medical purposes, shall be salaried officials of the Government.
- (5) Every effort shall be made (a) to deter the young from contracting the habit by pointing out its evil effects and by legislation; (b) to aid in caring for and curing those who manifest a desire to give up the habit; and (c) to punish and if necessary to remove from the Islands incorrigible offenders.

In working out the details of the plan the Committee recommended:—

(1) A head office or *depôt* in Manila where opium may be supplied to licensed consumers in Manila and to sub-offices (*entrepôts*) in such places as the Commission may select.

(2) These *entrepôts* will supply the licensed consumers in their vicinities.

(3) A system of entry, registration, and bookkeeping should be devised to keep accurate account of the quantity of opium sold each licensed *habitué*, so that it may be detected in case he is buying for others or increasing his own dosage. In that case the quantity sold should be diminished.

(4) The licensee should be licensed to buy at one *depôt* or *entrepôt* only, and should be required to show the vendor his licence, a copy of which, together with a photograph of said licensee, should be furnished to the said vendor.

The Committee desires again to call attention to the fact that its work has been much hindered by circumstances over which it had no control—by the difficulty of securing sufficient clerical assistance, by the shortness of the time given within which to prepare the report, and by the fact that each member of the Committee was obliged to attend to rather important matters at the time the report was preparing.

If the efforts, views, conclusions, and recommendations of the Committee may in even a small degree serve to open a discussion of legislation concerning opium, they will not be in vain. It is expected that they will encounter opposition and disapprobation, but they are at least honest.

VII.—EXTRACTS of Minutes of the Second Meeting of the Committee on Opium held at the Council Chamber at 4 p.m. on August 28, 1907.

Present:—Sir Allan Perry (Chairman); the Hon. Mr. S. C. Obeyesekere; the Hon. Mr. F. C. Loos; and the Hon. Mr. J. Ferguson, C.M.G.

Proposed by the Hon. Mr. J. Ferguson, seconded by the Hon. Mr. Loos, and carried—"That the Committee desires to express its great regret at the death of one of its Members, Mr. R. Morison, J.P., and desires to convey its sympathy and condolence to Mrs. Morison in her sad loss."

No. 3.

THE GOVERNOR to THE SECRETARY OF STATE.

(Received 2 May, 1908.)

MY LORD,

The Queen's House, Colombo, Ceylon, 14 April, 1908.

IN continuation of my despatch of the 30th January last,* with which I forwarded to your Lordship six copies of the report furnished by a Committee, appointed by my predecessor, to enquire into and report upon the importation, sale, and consumption of opium in Ceylon, I have the honour to inform you that the recommendations made by this Committee have now been carefully considered by me and by the members of my Executive Council.

* No. 2.

2. The Committee selected to enquire and advise upon this subject was composed of the Principal Civil Medical Officer and four unofficial members of the Legislative Council. One of the latter, Mr. Figg, the mercantile member, was unable to serve, and his place was taken by Sir Stanley Bois. The other unofficial members were all known to hold more or less strong views adverse to the free consumption of opium in Ceylon. This is, I venture to think, somewhat regrettable, because it rendered the nature of the Committee's report from the first something of a foregone conclusion, and the medical evidence adduced before the Committee, more especially that of the older and more experienced medical practitioners, certainly affords little justification for alarm.

3. On the other hand, I think it is generally admitted by those who have had personal and extended experience of opium consumption among native races, that while the vast majority of Chinese can consume opium constantly without any very marked ill effects, and without indulging to excess, the opium habit almost invariably leads to over-indulgence and to physical and moral injury if the consumer belong to one of the brown races. In these circumstances, I am of opinion, and in this my advisers agree with me, that the recommendations of the Committee should be given a fair trial with a view to ascertaining by actual experience how far they will have the results contemplated by their authors.

4. Subject to your Lordship's approval, therefore, I propose to accept the recommendation (a) of the Committee to abandon the present system of renting and licensing, and (b) to close all the opium shops in the Colony from January 1st next, the necessary legislation being passed at the next session to admit of this being done.

5. The result of the above must, of course, be the acceptance of the recommendation (c) that the importation, distribution, and sale of the crude drug be made a Government monopoly, and of the further recommendation (d) that it be retailed from certain Government dispensaries to habitual adult users, who shall be registered, together with the amounts which they are allowed to purchase. Arrangements will also have to be made for the sale of opium preparations for the use of cattle. I propose, however, to take steps to insure that the retailers of the drug have no interest of any kind in the quantity dispensed, and I am not yet convinced that any special remuneration will be necessary on account of the addition to the ordinary duties of dispensers which the new system will impose upon them. That, however, is a matter for future consideration.

6. The fifth recommendation of the Committee, viz., that the use of the drug, except for medical purposes, should be prohibited after a definite time, is one upon which at the present moment I am not prepared to pronounce an opinion. I think that we must in this be guided by the experience which we shall gain during the next few years of the working of the proposed system, and by the advice which may be afforded to us as time goes on by the medical authorities.

7. The final recommendation must also be accepted, I consider, as it will be necessary to keep a very close watch over the operations of the dispensers by whom the drug will in future be retailed if the new system is to be kept even comparatively free from abuses, and I do not think that the district medical officers can satisfactorily maintain this check in addition to their other duties.

8. I think it is my duty to place it upon record that I and the majority of my advisers are somewhat sceptical as to the extent to which the proposals of the Committee will result, in actual practice, in the discouragement of the opium-habit. At the present time it is the interest of every renter and of every licence-holder to prevent the importation of opium which has not paid Customs duty. He dare not himself smuggle opium through the Customs, since he risks losing his licence if he be detected selling opium in excess of the amount which he has imported; wherefore a salutary check is automatically imposed upon the smuggling of opium. Every such check will be at once removed so soon as Government holds the monopoly of retailing and importing the drug; and while I anticipate that our Customs' returns will speedily show a marked falling off in the amount of opium imported, I shall be in no wise surprised if the actual consumption of opium in this Colony is largely increased owing to the smuggled drug being sold at cheaper rates than to-day is possible.

9. This danger, of course, is fully realised, and every possible precaution will be taken to check smuggling. Experience in the Malay States, however, has shown how difficult it is to impose any real check upon opium smuggling when once the

prevention of the importation of illicit opium ceases to be a prime interest of the renters, and I consider it extremely probable that a similar experience will be repeated here.

10. The abolition of the existing system of licensed opium shops will deprive the various municipalities and local boards of the revenue which they at present derive from this source, and which has been enjoyed by them since the year 1893. It is not possible to estimate what revenue the Government will derive from the sale of opium under the new system, but owing to the smuggling which I anticipate will result, I think it probable that that revenue will fall considerably short of the revenue now received on account of opium. Also, if the recommendations of the Committee have the effects contemplated by their authors, the consumption of opium will decline, and the revenue will similarly diminish.

11. I, therefore, propose to inform the municipalities and local boards that in the year 1909 Government will allow them a grant, to be drawn from the revenue derived by Government from opium, equivalent to 75 per cent. of the board's or municipality's actual revenue from this source during the current year. That in 1910 this grant will be reduced to an amount equivalent to 50 per cent. of the board's or municipality's actual income for 1908 derived from opium; and that in 1911, this will be further reduced to 25 per cent., after which no further payments will on this account be made.

12. I regard these proposals as equitable, as they will afford the boards and municipalities time in which to make fresh fiscal arrangements by the imposition of higher rates or by some similar expedient.

13. I shall be glad to know, at your Lordship's convenience, whether the proposals made in this despatch meet with approval.

I have, &c.,

HENRY McCALLUM,

Governor, &c.

No. 4.

THE SECRETARY OF STATE to THE GOVERNOR.

SIR,

Downing Street, 13 May, 1908.

I HAVE the honour to acknowledge the receipt of your despatch of the 14th ultimo,* in which you state the action which, subject to my concurrence, you propose to take upon the recommendations of the Committee appointed to enquire into the question of the consumption of opium in Ceylon.

2. The whole question of the opium traffic in the Eastern Colonies has recently been under the careful consideration of His Majesty's present advisers. The matter was the subject of debate in the House of Commons on the 6th instant, when the Under Secretary of State for the Colonies made a statement as to the policy which His Majesty's Government intend to pursue. The report of the debate will be forwarded to you in due course.

3. I telegraphed to you on the 7th instant that I approved the proposals which you had laid before me. It is not necessary for me to discuss them in detail, as I entirely concur in the views which you express, and it affords me much gratification to note that the Colonial Government have spontaneously recognised the necessity of taking adequate measures to restrict the use of opium within the narrowest possible limits.

4. In your despatch you allude to the difficulties which may arise in carrying out the recommendations of the Committee. I am fully alive to this aspect of the question, but I have confidence that with the zealous co-operation of the Civil Service these difficulties may be surmounted. I shall watch the progress of the experiment with the greatest interest, and I shall be glad if you will furnish me periodically with full reports upon the subject.

I have, &c.,

CREWE.

